Fill in this info	rmation to identify your	case:		
Debtor 1	Robert Dale Hick	S		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	MIDDLE DISTRICT OF	PENNSYLVANIA	
Case number	1:17-bk-02055			
(if known)				☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

Pai	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	140,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	6,888.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	146,888.00
Pai	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	305,179.26
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	731.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	24,817.40
	Your total liabilities	\$	330,727.66
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,133.92
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,984.00
Pai	Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other scl	nedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	personal	, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	box and s	ubmit this form to

Summary of Your Assets and Liabilities and Certain Statistical Information Official Form 106Sum

page 1 of 2

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the court with your other schedules.

Best Case Bankruptcy

Debtor 1 Robert Dale Hicks

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____6,017.86

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	n
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	731.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	731.00

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1	Robert Dale Hicks					
300101 1	First Name	Middle Name	Last Name			
Debtor 2	First Name	Middle Name	Last Name			
Spouse, if filing)						
Inited States Ban	kruptcy Court for the: MID	DDLE DISTRICT OF	- PENNSYLVANIA			
Case number 1:	17-bk-02055					Check if this is ar amended filing
Official For	m 106A/B					
	A/B: Proper	ty				12/15
nink it fits best. Be	as complete and accurate as space is needed, attach a se	possible. If two mar	y once. If an asset fits in more than or ried people are filing together, both a orm. On the top of any additional pag	re equally responsi	ible for supp	lying correct
Part 1: Describe E	ach Residence, Building, Lar	nd, or Other Real Esta	ate You Own or Have an Interest In			
Do you own or ha	ve any legal or equitable inte	erest in any residence	e, building, land, or similar property?			
☐ No. Go to Part 2						
_						
Yes. Where is						
_						
Yes. Where is		What is th	he property? Check all that apply			
Yes. Where is: .1 36 East Hall	nover Street		he property? Check all that apply ngle-family home			s or exemptions. Put
Yes. Where is: .1 36 East Hall	he property?	S in	ngle-family home uplex or multi-unit building	the amount of a	any secured cl	s or exemptions. Put laims on Schedule D: Secured by Property.
Yes. Where is: .1 36 East Hall	nover Street	S in	ngle-family home	the amount of a	any secured cl	laims on Schedule D:
Yes. Where is a second of the	nover Street available, or other description	■ Sin □ Du □ Co □ Ma	ngle-family home uplex or multi-unit building	the amount of a	any secured cl Have Claims	laims on Schedule D:
Yes. Where is 3.1 36 East Hall Street address, if	nover Street available, or other description	□ Sin □ Du □ Co □ Ma □ Du □ Lai	ngle-family home uplex or multi-unit building andominium or cooperative anufactured or mobile home and	Current value entire property	any secured cl Have Claims of the	laims on Schedule D: Secured by Property. Current value of the portion you own?
Yes. Where is a second of the	nover Street available, or other description	Sin Du Co Ma D0000 Inv	ngle-family home uplex or multi-unit building undominium or cooperative anufactured or mobile home	Current value entire property \$140,0	of the 0000.00	laims on Schedule D: Secured by Property. Current value of the portion you own? \$140,000.00
Yes. Where is 3.1 36 East Hall Street address, if	nover Street available, or other description	Sin Du Co Ma Dode Inv Co	ngle-family home uplex or multi-unit building andominium or cooperative anufactured or mobile home and vestment property meshare her	Current value entire property \$140,0 Describe the n (such as fee si	of the Control of the	laims on Schedule D: Secured by Property. Current value of the portion you own?
Yes. Where is 3.1 36 East Hall Street address, if	nover Street available, or other description	Sin Du Co Ma Dode Inv Inv Oth Who has	ngle-family home uplex or multi-unit building undominium or cooperative anufactured or mobile home nd vestment property meshare her an interest in the property? Check one	Current value entire property \$140,0	of the Control of the	laims on Schedule D: Secured by Property. Current value of the portion you own? \$140,000.00 r ownership interest
Yes. Where is 3.1 36 East Hall Street address, if	nover Street available, or other description	Sin Du Co Ma Dode Inv Inv Oth Who has	ngle-family home uplex or multi-unit building andominium or cooperative anufactured or mobile home and vestment property meshare her	Current value entire property \$140,0 Describe the n (such as fee si a life estate), if	of the Control of the	laims on Schedule D: Secured by Property. Current value of the portion you own? \$140,000.00 r ownership interest
Yes. Where is 3.1.1 36 East Hail Street address, if Gettysburg City	nover Street available, or other description	Sin Du Co Co Ma Double Inv Inv Oth Who has De De De De De De	ngle-family home uplex or multi-unit building undominium or cooperative anufactured or mobile home and vestment property meshare her an interest in the property? Check one	Current value entire property \$140,0 Describe the n (such as fee si a life estate), if	of the Control of the	laims on Schedule D: Secured by Property. Current value of the portion you own? \$140,000.00 r ownership interest cy by the entireties, or
Yes. Where is: 36 East Hai Street address, if Gettysburg City Adams	nover Street available, or other description	Sin Du Co Ma Ode Inv Tin Ott Who has De De At	angle-family home uplex or multi-unit building prodominium or cooperative anufactured or mobile home and vestment property meshare ther an interest in the property? Check one abtor 1 only sebtor 2 only least one of the debtors and another	Current value entire property \$140,0 Describe the n (such as fee si a life estate), if Fee Simple	of the (7) pool of the (7) pool of the (7) pool of the (7) pool of the (8) poo	laims on Schedule D: Secured by Property. Current value of the portion you own? \$140,000.00 r ownership interest
Yes. Where is a second of the	nover Street available, or other description	Sin Du Co D0000 Dode Dode Dot Dot Who has De De Dat Dot Dot Dot Dot Dot Dot Dot Dot Dot Do	angle-family home uplex or multi-unit building prodominium or cooperative anufactured or mobile home and vestment property meshare ther an interest in the property? Check one sebtor 1 only sebtor 2 only	Current value entire property \$140,0 Describe the n (such as fee si a life estate), if Fee Simple	of the (7) pool of the (7) pool of the (7) pool of the (7) pool of the (8) poo	laims on Schedule D: Secured by Property. Current value of the portion you own? \$140,000.00 r ownership interest cy by the entireties, or
Yes. Where is a second of the	nover Street available, or other description	Sin Du Co D0000 Dode Dode Dot Dot Who has De De Dat Dot Dot Dot Dot Dot Dot Dot Dot Dot Do	angle-family home uplex or multi-unit building prodominium or cooperative anufactured or mobile home and vestment property meshare ther an interest in the property? Check one abtor 1 only sebtor 2 only least one of the debtors and another formation you wish to add about this	Current value entire property \$140,0 Describe the n (such as fee si a life estate), if Fee Simple	of the (7) pool of the (7) pool of the (7) pool of the (7) pool of the (8) poo	laims on Schedule D: Secured by Property. Current value of the portion you own? \$140,000.00 r ownership interest cy by the entireties, or
Yes. Where is: 36 East Hai Street address, if Gettysburg City Adams	nover Street available, or other description	Sin Du Co D0000 Dode Dode Dot Dot Who has De De Dat Dot Dot Dot Dot Dot Dot Dot Dot Dot Do	angle-family home uplex or multi-unit building prodominium or cooperative anufactured or mobile home and vestment property meshare ther an interest in the property? Check one abtor 1 only sebtor 2 only least one of the debtors and another formation you wish to add about this	Current value entire property \$140,0 Describe the n (such as fee si a life estate), if Fee Simple	of the (7) pool of the (7) pool of the (7) pool of the (7) pool of the (8) poo	laims on Schedule D: Secured by Property. Current value of the portion you own? \$140,000.00 r ownership interest cy by the entireties, or

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Debtor 1	Robert Dale Hicks		Case number (if known)	1:17-bk-02055
3. Cars, var	s, trucks, tractors, sport utility	vehicles, motorcycles		
,	-, · · · · · , · · · · · · , · , · · · ·			
□ No				
Yes				
			B	
3.1 Make:	Accura	Who has an interest in the property? Check one		ured claims or exemptions. Put secured claims on Schedule D:
Model	: Integra	Debtor 1 only		ve Claims Secured by Property.
Year:	1997	Debtor 2 only	Current value of t	he Current value of the
	ximate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	information:	At least one of the debtors and another		
State Bool	ed Value as Per Kelley Blue	☐ Check if this is community property (see instructions)	\$1,133	.00 \$1,133.00
.pages yo	ou have attached for Part 2. Wri	own for all of your entries from Part 2, including te that number here		\$1,133.00 Current value of the portion you own?
Example ☐ No	Id goods and furnishings s: Major appliances, furniture, line	ns, china, kitchenware		Do not deduct secured claims or exemptions.
	Couch, Chairs Chairs, Misc	s, (3) Television Sets, (3) TV Stands, Table Kitchenware, (2) Beds, (2) Dressers, Comp ools and Toolbox.		\$2,000.00
				A50.00
	Misc. Movies,	Music and Books		\$50.00
■ No		rideo, stereo, and digital equipment; computers, pr , media players, games	rinters, scanners; music co	ollections; electronic devices
■ No		s, prints, or other artwork; books, pictures, or othe collectibles	r art objects; stamp, coin,	or baseball card collections;
⊔ 1€5. l	วธอดาเมธ			
	nt for sports and hobbies s: Sports, photographic, exercise, musical instruments	and other hobby equipment; bicycles, pool tables,	, golf clubs, skis; canoes a	and kayaks; carpentry tools;

Official Form 106A/B Schedule A/B: Property page 2

Der	Robert Dale	HICKS				ase number (if known	1:17-DK-02055
		(2) Bil	kes				\$400.00
_	Firearms Examples: Pistols, rifle No			and related equipm	nent		<u> </u>
11.	Yes. Describe Clothes Examples: Everyday of	lothes, fur	rs, leather coats,	designer wear, sho	oes, accessories		
_	□ No ■ Yes. Describe						
		Gener	al Wearing Ap	parel			\$175.00
	Jewelry Examples: Everyday je □ No ■ Yes. Describe	ewelry, co	stume jewelry, er	ngagement rings, w	vedding rings, heirloom jew	elry, watches, gems,	gold, silver
		Jewel	ry				\$75.00
[Non-farm animals Examples: Dogs, cats, No Yes. Describe	birds, ho	rses				
		(2) Pe	t Dogs				\$50.00
	Any other personal and No ■ Yes. Give specific in		-	did not already lis	t, including any health aid	ds you did not list	
		Auto I	Mechanic Too	Is			\$3,000.00
15.	Add the dollar value for Part 3. Write that				g any entries for pages yo	ou have attached	\$5,750.00
Par	t 4: Describe Your Fina	ncial Asset	ts				
Do	you own or have any	legal or e	equitable interes	t in any of the foll	lowing?		Current value of the portion you own? Do not deduct secured claims or exemptions.
ı	Cash Examples: Money you No ☐ Yes				leposit box, and on hand wl	hen you file your peti	tion
					es of deposit; shares in credinstitution, list each.	dit unions, brokerage	houses, and other similar
_	Yes			Institutio	on name:		
		17.1.	Checking	M&T B	ank		\$5.00
							<u> </u>

Official Form 106A/B Schedule A/B: Property

D	ebtor 1	Robert Dale Hid	cks	Case number (if known)	1:17-bk-02055
18	Examp		publicly traded stocks restment accounts with brokera	ge firms, money market accounts	
	■ No □ Yes		Institution or issuer name	e:	
19		ublicly traded stock	and interests in incorporate	d and unincorporated businesses, including an interes	st in an LLC, partnership, and
	■ No				
	☐ Yes.	Give specific inform	nation about them Name of entity:	% of ownership:	
20	Negoti	able instruments inc	clude personal checks, cashiers	e and non-negotiable instruments c' checks, promissory notes, and money orders. to someone by signing or delivering them.	
	■ No				
	☐ Yes.	Give specific information	ation about them Issuer name:		
21	Examp	nent or pension acoles: Interests in IRA), thrift savings accounts, or other pension or profit-sharing	plans
	■ No	Patracah asasasata			
	⊔ Yes.	List each account se	eparately. Type of account:	Institution name:	
22	Your s Examp		eposits you have made so that	you may continue service or use from a company c utilities (electric, gas, water), telecommunications compar	nies, or others
	■ No □ Yes.			Institution name or individual:	
23	. Annuit	ies (A contract for a	periodic payment of money to	you, either for life or for a number of years)	
	■ No				
	☐ Yes	lssue	r name and description.		
24	26 U.S.		RA, in an account in a qualifi A(b), and 529(b)(1).	ed ABLE program, or under a qualified state tuition pro	ogram.
	■ No □ Yes	Institu	ution name and description. Se	parately file the records of any interests.11 U.S.C. § 521(c)	:
25	. Trusts,	equitable or future	e interests in property (other	than anything listed in line 1), and rights or powers ex	ercisable for your benefit
	Yes.	Give specific inform	nation about them		
26	Examp		emarks, trade secrets, and other names, websites, proceeds from	her intellectual property om royalties and licensing agreements	
	■ No □ Yes.	Give specific inform	nation about them		
27			l other general intangibles s, exclusive licenses, cooperati	ve association holdings, liquor licenses, professional licens	ses
	■ No	Give specific inform	antion about them		
		•			
M	oney or	property owed to y	ou?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28		unds owed to you			
	■ No □ Yes.	Give specific informa	ation about them. including who	ether you already filed the returns and the tax years	
				,	

Official Form 106A/B Schedule A/B: Property page 4

Del	otor 1	Robert Dale Hicks	Case number (if known)	1:17-bk-02055
	Examp	support oles: Past due or lump sum alimony, spousal support, child support, ma	aintenance, divorce settlement, property	settlement
	■ No □ Yes.	Give specific information		
		amounts someone owes you bles: Unpaid wages, disability insurance payments, disability benefits, benefits; unpaid loans you made to someone else	sick pay, vacation pay, workers' comper	nsation, Social Security
		Give specific information		
_		ets in insurance policies poles: Health, disability, or life insurance; health savings account (HSA)	; credit, homeowner's, or renter's insurar	nce
[□ Yes.	Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
	If you a	terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insuran one has died.	ce policy, or are currently entitled to rece	eive property because
_		Give specific information		
_		against third parties, whether or not you have filed a lawsuit or notes: Accidents, employment disputes, insurance claims, or rights to su		
[☐ Yes.	Describe each claim		
	Other o	contingent and unliquidated claims of every nature, including cou	interclaims of the debtor and rights to	set off claims
[☐ Yes.	Describe each claim		
	Any fin ■ No	nancial assets you did not already list		
[☐ Yes.	Give specific information		
36.		the dollar value of all of your entries from Part 4, including any en art 4. Write that number here		\$5.00
Par	t 5: De	scribe Any Business-Related Property You Own or Have an Interest In. Lis	t any real estate in Part 1.	
	_ ′	own or have any legal or equitable interest in any business-related propert	y?	
		Go to line 38.		
Par		scribe Any Farm- and Commercial Fishing-Related Property You Own or Hou own or have an interest in farmland, list it in Part 1.	ave an Interest In.	
16.		own or have any legal or equitable interest in any farm- or comm Go to Part 7.	nercial fishing-related property?	
	☐ Yes	. Go to line 47.		
Par	t 7:	Describe All Property You Own or Have an Interest in That You Did Not I	List Above	
	Examp	n have other property of any kind you did not already list? bles: Season tickets, country club membership		
_	■ No □ Yes.	Give specific information		

Official Form 106A/B Schedule A/B: Property page 5

Fill in this infor				
Debtor 1	Robert Dale Hick	S		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		MIDDLE DISTRICT OF	PENNSYLVANIA	
_	1:17-bk-02055			
(if known)				☐ Check if this is an
				amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	rt 1: Identify the Property You Claim as E	xempt							
1.	Which set of exemptions are you claiming?	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.							
	☐ You are claiming state and federal nonbank	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)					
	■ You are claiming federal exemptions. 11 L	J.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.					
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption				
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.					
	1997 Accura Integra	\$1,133.00	•	\$1,133.00	11 U.S.C. § 522(d)(2)				
	Stated Value as Per Kelley Blue Book Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit					
	Couch, Chairs, (3) Television Sets,	\$2,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)				
	(3) TV Stands, Table and Chairs, Misc Kitchenware, (2) Beds, (2) Dressers, Computer, Household Tools and Toolbox. Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit					
	Misc. Movies, Music and Books	\$50.00		\$25.00	11 U.S.C. § 522(d)(3)				
	Line from Schedule A/B: 6.2			100% of fair market value, up to any applicable statutory limit					
	(2) Bikes Line from Schedule A/B: 9.1	\$400.00		\$200.00	11 U.S.C. § 522(d)(3)				
	Line from Schedule A/B: 9.1			100% of fair market value, up to any applicable statutory limit					
	General Wearing Apparel	\$175.00		\$175.00	11 U.S.C. § 522(d)(3)				
	Line from Schedule A/B: 11.1			100% of fair market value, up to					

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

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Best Case Bankruptcy

Debtor 1	Robert Dale Hicks			Case number (if known)	1:17-bk-02055	
	ef description of the property and line on ledule A/B that lists this property	Current value of the portion you own	•		Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	welry e from <i>Schedule A/B</i> : 12.1	\$75.00	\$75.00		11 U.S.C. § 522(d)(4)	
LIII	e nom schedule A.B. 12.1			100% of fair market value, up to any applicable statutory limit		
	Pet Dogs e from Schedule A/B: 13.1	\$50.00		\$25.00	11 U.S.C. § 522(d)(3)	
LIIR	e IIOIII Schedule A/B. 13.1			100% of fair market value, up to any applicable statutory limit		
	to Mechanic Tools e from Schedule A/B: 14.1	\$3,000.00		\$2,375.00	11 U.S.C. § 522(d)(6)	
LIIR	e IIOIII Schedule A/B. 14.1			100% of fair market value, up to any applicable statutory limit		
	to Mechanic Tools e from Schedule A/B: 14.1	\$3,000.00		\$625.00	11 U.S.C. § 522(d)(5)	
LIIR	e nom Schedule A/B. 14.1			100% of fair market value, up to any applicable statutory limit		
	ecking: M&T Bank	\$5.00		\$2.50	11 U.S.C. § 522(d)(5)	
LIII	e nom schedule A.B. Tr.1			100% of fair market value, up to any applicable statutory limit		
	e you claiming a homestead exemption bject to adjustment on 4/01/19 and every			led on or after the date of adjustmen	it.)	
_				045 ((
Ц	_ , , , , ,	rea by the exemption w	itnin 1	,215 days before you filed this case?	!	
Line 3. Are	e from <i>Schedule A/B</i> : 17.1 e you claiming a homestead exemption	n of more than \$160,37	5? ases fi	100% of fair market value, up to any applicable statutory limit	nt.)	

Fill in this information to the					
Fill in this information to identify yo	ur case:				
Debtor 1 Robert Dale Hi			_		
First Name	Middle Name Last Na	ame			
Debtor 2 (Spouse if, filing) First Name	Middle Name Last Na	ame	_		
, , , ,					
United States Bankruptcy Court for the	e: MIDDLE DISTRICT OF PENNSYLVAN	NA .	_		
Case number 1:17-bk-02055					
(if known)			☐ Check	if this is an	
				ded filing	
				-	
Official Form 106D					
Schedule D: Creditor	s Who Have Claims Secu	ired by Proper	tv	12/15	
			<u> </u>		
	. If two married people are filing together, both out, number the entries, and attach it to this for				
number (if known).	out, number the entries, and attach it to the	orms on the top or any additi	onai pagoo, wino your na	mo una cacc	
1. Do any creditors have claims secured l	by your property?				
☐ No. Check this box and submit	this form to the court with your other schedu	les. You have nothing else	to report on this form.		
Yes. Fill in all of the information	helow.				
	. 50.011.				
Part 1: List All Secured Claims		. Column A	Column B	Column C	
	more than one secured claim, list the creditor sep as a particular claim, list the other creditors in Part	arately	Value of collateral	Unsecured	
	tical order according to the creditor's name.	Do not deduct the	that supports this	portion	
2.1 M & T Bank	Describe the property that secures the clain	value of collateral. n: \$280,971.00	claim \$140,000.00	If any \$140,971.00	
Creditor's Name	36 East Hanover Street Gettysburg		<u>Ψ140,000.00</u>	\$140,971.00	
	PA 17325 Adams County	d,			
Po Box 844	As of the date you file, the claim is: Check all	that			
Buffalo, NY 14240	apply.				
Number, Street, City, State & Zip Code	☐ Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only	☐ An agreement you made (such as mortgage	e or secured			
Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a	Other (including a right to offset)				
community debt	· · · · · · · · · · · · · · · · · · ·				
Opened					
05/07 Last					
Active					
Date debt was incurred 3/11/16	Last 4 digits of account number 0	0583			
2.2 Snap On Tools/Credit	Describe the property that secures the claim	n: \$3,795.00	\$0.00	\$3,795.00	
Creditor's Name	Tools				
4405 T ! 00 1 D . I					
1125 Tri State Park Suite 700	As of the date you file, the claim is: Check all	that			
Gurnee, IL 60031	apply. ☐ Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
reambor, oneet, only, state a zip code	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only	■ An agreement you made (such as mortgage	e or secured			
Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

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Best Case Bankruptcy

Debtor 1 Robert Dale Hicks		Case number (if know)	1:17-bk-02055	
First Name Middle N	ame Last Name			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred present	Last 4 digits of account number			
2.3 US Dept of Housing & Urban Dev	Describe the property that secures the claim:	\$20,413.26	\$140,000.00	\$20,413.26
Creditor's Name	36 East Hanover Street Gettysburg, PA 17325 Adams County			
451 7th Street SW Washington, DC 20410	As of the date you file, the claim is: Check all the apply.	at		
Number, Street, City, State & Zip Code	☐ Contingent ☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage car loan)	or secured		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	n)		
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit	• •		
☐ Check if this claim relates to a community debt	Other (including a right to offset) 2nd Mo	ortgage		
Date debt was incurred	Last 4 digits of account number 45	32		
Add the dollar value of your entries in C	column A on this page. Write that number here:	\$305,179	26	
If this is the last page of your form, add Write that number here:	· -	\$305,179		
Part 2: List Others to Be Notified for	or a Debt That You Already Listed			
Use this page only if you have others to be trying to collect from you for a debt you co	e notified about your bankruptcy for a debt that lowe to someone else, list the creditor in Part 1, a t you listed in Part 1, list the additional creditors	and then list the collection age	ncy here. Similarly, if y	ou have more
Name, Number, Street, City, State & KML Law Group PC	Zip Code On	n which line in Part 1 did you ent	er the creditor? _2.1_	
701 Market Street Suite 5000 Philadelphia, PA 19106	La	st 4 digits of account number	_	
Name, Number, Street, City, State & US Dept of HUD c/o Deval LLC		which line in Part 1 did you ent		
1255 Corporate Drive #300 Irving, TX 75038-2585	Ld	st 4 digits of account number	_	

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

					•		
Fill in this infor	mation to identify your case:						
Debtor 1	Robert Dale Hicks						
	First Name	Middle Name Last N	lame				
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last N	 Name				
United States Ba	ankruptcy Court for the: MID	DLE DISTRICT OF PENNSYLVA	NIA				
Case number	1:17-bk-02055						
(if known)					☐ Che	ck if this is	an
					ame	nded filing	
Official For	m 106F/F						
		Have Unsecured Clai	me			12/°	15
		1 for creditors with PRIORITY claim			NDDIODITY -I-i		
 Do any credit No. Go to Yes. List all of you 	ur priority unsecured claims. If a c						
possible, list the Part 1. If more	he claims in alphabetical order accor e than one creditor holds a particular	dring to the creditor's name. If you have claim, list the other creditors in Part 3 instructions for this form in the instruc	ve more than to	wo priority unsecured o	claims, fill out the Co	ntinuation Pa	age of
				Total claim	Priority amount	Nonprio amount	
	dams Tax Bureau	Last 4 digits of account num	ber	\$731.00	\$731.0	0	\$0.00
Post O	creditor's Name Office Box 15627 PA 17405	When was the debt incurred?	2016		_		
	Street City State Zlp Code	As of the date you file, the cla	aim is: Check	all that apply			
Who incurre	ed the debt? Check one.	☐ Contingent					
Debtor 1	only	☐ Unliquidated					
Debtor 2	only	Disputed					
Debtor 1	and Debtor 2 only	Type of PRIORITY unsecured	l claim:				
At least of	one of the debtors and another	☐ Domestic support obligation	IS				
_	this claim is for a community del	t Taxes and certain other del	ots you owe the	e government			
	subject to offset?	☐ Claims for death or persona	•	•			
■ No	•	Other. Specify					
☐ Yes			come Taxe	es		_	
Part 2: List A	All of Your NONPRIORITY Uns	secured Claims					
	tors have nonpriority unsecured c						
_ ′	. ,	omit this form to the court with your oth	ner schedules.				
Yes.							
unsecured cla	im, list the creditor separately for ea	the alphabetical order of the credit ch claim. For each claim listed, identif other creditors in Part 3.If you have mo	y what type of	claim it is. Do not list c	laims already include	ed in Part 1.	. If more

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 7

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49920

Total claim

CGA Law Firm Nonpriority Creditor's Name	Last 4 digits of account number	x921	\$7,343.40
135 N George Street York, PA 17401-1282	When was the debt incurred?	2011-2012	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Legal Fees		
Direct TV	Last 4 digits of account number	0021	\$95.00
Nonpriority Creditor's Name Customer Service	When was the debt incurred?	10/1/2007	
PO Box 70014	When was the dest mounted.	10/1/2007	
Boise, ID 83707-0114			
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
_			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d alaim.	
At least one of the debtors and another	Student loans	d Claim:	
☐ Check if this claim is for a community debt	_	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	nation agreement of divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify Satelite Dis	sh	
Gettysburg Hospital	Last 4 digits of account number	9072	\$14,560.00
Nonpriority Creditor's Name			· · ·
147 Gettys Street Gettysburg, PA 17325-2534	When was the debt incurred?	10/8/2012	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	•		
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	☐ Debts to pension or profit-sharin		
Yes	Other. Specify Medical Bil	I	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 7

Nonpriority Creditors Name 147 Cettys Street Gettysburg, PA 17325-2534 Number Street (Dis State 2) Education	Debto	Robert Dale Hicks		Case number (if know) 1:17-bk-02055	
Af7 Cettys Street Gettysburg, PA 17325-2534 As of the date you file, the claim is: Check all that apply Check of an other of the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only	4.4		Last 4 digits of account number	1312	\$554.00
Number Street City State 2 Code		147 Gettys Street	When was the debt incurred?	11/6/2012	
Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 4 only Debtor 1 and Debtor 5 only Debtor 1 and Debtor 5 only Debtor 1 and Debtor 2 only Debtor 1 only Debt		Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Debtor 1 and Debtor 2 only		Debtor 1 only	☐ Contingent		
At least one of the debtors and another Check if this claim is for a community debt Check if this claim is c		Debtor 2 only	☐ Unliquidated		
Check if this claim is for a community debt Check if this claim		☐ Debtor 1 and Debtor 2 only	☐ Disputed		
Check it his claim is for a community debt Steel claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report separation profits sharing plans, and other similar debts Obligations arising		☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Subscitute Sub		☐ Check if this claim is for a community	☐ Student loans		
Settysburg Hospital Last 4 digits of account number 1313 \$430.00		debt		ration agreement or divorce that you did not	
A.5		■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Nonpriority Creditor's Name 147 Gettys Street Gettysburg, PA 17325-2534 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 onle Getty 6 this claim is for a community debt Is the claim subject to offset? Nonprority Creditor's Name 1803 Mt Rose Avenue York, PA 17403-3051 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 onle Check if this claim is for a community debt Is the claim subject to offset? Some Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Some Nonprority Creditor is Name At least one of the debtors and another Check if this claim is for a community debt Student loans Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Some Nonprority Creditor is Name At least one of the debtors and another Check if this claim is for a community debt Student loans Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9		Yes	Other. Specify Medical Bil	<u> </u>	
147 Gettys Street Gettysburg, PA 17325-2534 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Debtor to offset? Debtor to offset? Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Disjusted Type of NONPRIORITY unsecured claim: Student loans Student loans Student loans Student loans Student loans State Zip Code Who incurred the debt? Check one. Student loans Debtor 2 only Disjusted Type of NONPRIORITY unsecured claim: Student loans Debtor 2 only Disjusted Type of NONPRIORITY unsecured claim: Student loans Debtor 3 only Disjusted Type of NONPRIORITY unsecured claim: Student loans Debtor 4 only Disjusted Debtor 1 only Deb	4.5		Last 4 digits of account number	1313	\$430.00
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Stage and St		147 Gettys Street Gettysburg, PA 17325-2534	When was the debt incurred?	11/6/2012	
Debtor 1 only Debtor 2 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt No Debtor 3 only Debtor 4 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt No Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 9 only			As of the date you file, the claim	is: Check all that apply	
Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Student loans No Debts to pension or profit-sharing plans, and other similar debts Wellspan Medical Group As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 3 and another Check if this claim is for a community Debtor 3 superiority Creditor's Name As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that ap		_			
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Other. Specify Ves Wellspan Medical Group Nonpriority Creditor's Name 1803 Mt Rose Avenue York, PA 17403-3051 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 sand Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 sand Debtor 2 only Debtor 1 sand Debtor 2 only Debtor 2 only Debtor 3 community Debtor 4 control and Debtor 2 only Debtor 5 control and Debtor 2 only Debtor 6 check if this claim is for a community debt Debtor 1 sand Debtor 2 only Debtor 1 sand Debtor 2 only Debtor 3 community debt Debtor 4 control and Debtor 2 only Debtor 5 control and Debtor 2 only Debtor 6 control and Debtor 2 only Debtor 1 sand Debtor 2 only Debtor 2 control and Debtor 3 community debt Debtor 3 control and Debtor 3 community debt Debtor 4 control and Debtor 3 community debt Debtor 5 control and Debtor 3 community debt Debtor 5 control and Debtor 3 community debt Debtor 6 control and Debtor 9 control and 1 control and 1 control and 2 control and 3 control and		■ Debtor 1 only	☐ Contingent		
At least one of the debtors and another Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a se		Debtor 2 only	☐ Unliquidated		
Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Other. Specify Medical Bill		Debtor 1 and Debtor 2 only	·		
debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Wellspan Medical Group Nonpriority Creditor's Name 1803 Mt Rose Avenue York, PA 17403-3051 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Debts to pension or profit-sharing plans, and other similar debts Wedical Bill Medical Bill Wellspan Medical Group Last 4 digits of account number O729 \$97.00 When was the debt incurred? 12/30/2010 As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts		\square At least one of the debtors and another		d claim:	
Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill Wellspan Medical Group Nonpriority Creditor's Name 1803 Mt Rose Avenue York, PA 17403-3051 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No No Report as priority claims Medical Bill Medical Bill 12/30/2010 \$97.00 \$99 \$97.00				restion correspond or division that you did not	
Yes				ration agreement of divorce that you did not	
Wellspan Medical Group Nonpriority Creditor's Name 1803 Mt Rose Avenue York, PA 17403-3051 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Last 4 digits of account number 0729 \$97.00		■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Nonpriority Creditor's Name 1803 Mt Rose Avenue York, PA 17403-3051 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No When was the debt incurred? 12/30/2010 As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Debt or 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		Yes	Other. Specify Medical Bil	<u> </u>	
1803 Mt Rose Avenue York, PA 17403-3051	4.6		Last 4 digits of account number	0729	\$97.00
Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply Contingent Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		1803 Mt Rose Avenue	When was the debt incurred?	12/30/2010	
□ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No □ Debts to pension or profit-sharing plans, and other similar debts		Who incurred the debt? Check one.			
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		Debtor 1 only	☐ Contingent		
□ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		Debtor 2 only	☐ Unliquidated		
☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts		Debtor 1 and Debtor 2 only	·		
debt Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts		\square At least one of the debtors and another	<u></u>	d claim:	
Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts			_		
■ No □ Debts to pension or profit-sharing plans, and other similar debts				ration agreement or divorce that you did not	
☐ Yes ☐ Other Specify Medical Bill		■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
— Other, Specify		Yes	■ Other. Specify Medical Bil	I	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 7

			-
Wellspan Medical Group Nonpriority Creditor's Name	Last 4 digits of account number	8219	\$
1803 Mt Rose Avenue York, PA 17403-3051	When was the debt incurred?	6/1/2012	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Medical Bil	<u> </u>	
Wellspan Medical Group	Last 4 digits of account number	9196	\$
Nonpriority Creditor's Name 1803 Mt Rose Avenue York, PA 17403-3051	When was the debt incurred?	3/1/2011	
Number Street City State ZIp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	-		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Medical Bil	<u> </u>	
Wellspan Medical Group Nonpriority Creditor's Name	Last 4 digits of account number	9455	\$
1803 Mt Rose Avenue York, PA 17403-3051	When was the debt incurred?	6/1/2011	
Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	Debts to pension or profit-sharing		

Schedule E/F: Creditors Who Have Unsecured Claims

Page 4 of 7

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Debt	or 1 Robert Dale Hicks		Case number (if know) 1:17-bk-02055	
4.1 0	Wellspan Medical Group	Last 4 digits of account number	8220	\$117.00
	Nonpriority Creditor's Name 1803 Mt Rose Avenue	When was the debt incurred?	6/1/2012	
	York, PA 17403-3051 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical Bil	<u> </u>	
4.1 1	Wellspan Medical Group	Last 4 digits of account number	3363	\$218.00
	Nonpriority Creditor's Name 1803 Mt Rose Avenue	When was the debt incurred?	1-30-2009	
	York, PA 17403-3051 Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Medical Bil	01	
4.1	Wellspan Medical Group	Last 4 digits of account number	9453	\$277.00
2	Nonpriority Creditor's Name	Last 4 digits of account number		Ψ277.00
	1803 Mt Rose Avenue York, PA 17403-3051	When was the debt incurred?	6/1/2011	
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans		Type of NONPRIORITY unsecure	d claim:	
		_		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical Bil	<u> </u>	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 5 of 7

Debto	Robert Dale Hicks		Case number (if know)	1:17-bk-02055	
4.1 3	Wellspan Medical Group	Last 4 digits of account number	9454	\$752	.00
	Nonpriority Creditor's Name 1803 Mt Rose Avenue York, PA 17403-3051	When was the debt incurred?	6/1/2011		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
	☐ Yes	■ Other. Specify Medical Bi	II		
is tr have	List Others to Be Notified About a Det this page only if you have others to be notified ying to collect from you for a debt you owe to se more than one creditor for any of the debts the fied for any debts in Parts 1 or 2, do not fill out	about your bankruptcy, for a debt that omeone else, list the original creditor i at you listed in Parts 1 or 2, list the add	n Parts 1 or 2, then list the	collection agency here. Similarly, if ye	ou ´
	and Address	On which entry in Part 1 or Part 2 did you	ulist the original creditor?		
	d Int Data Operations		Part 1: Creditors with Prior	ity Unsecured Claims	
PO E	Box 2455		Part 2: Creditors with None	•	
Chai	ndler, AZ 85244-2455	Last 4 digits of account number		•	
Name	and Address	On which entry in Part 1 or Part 2 did you	u list the original creditor?		
	ncial Recoveries		Part 1: Creditors with Prior	•	
	ox 1388 nt Laurel, NJ 08054		Part 2: Creditors with Nonp	riority Unsecured Claims	
wou	iii Laurei, NJ 00034	Last 4 digits of account number			
	and Address	On which entry in Part 1 or Part 2 did you	ū		
	ncial Recoveries Sox 1388	_	Part 1: Creditors with Prior		
	nt Laurel, NJ 08054		Part 2: Creditors with Nonp	priority Unsecured Claims	
		Last 4 digits of account number			
	and Address	On which entry in Part 1 or Part 2 did you	_		
	ncial Recoveries Sox 1388		Part 1: Creditors with Prior		
	nt Laurel, NJ 08054		Part 2: Creditors with Nonp	priority Unsecured Claims	
	The Education, No cooper	Last 4 digits of account number			
	and Address	On which entry in Part 1 or Part 2 did you	u list the original creditor?		
	ncial Recoveries		Part 1: Creditors with Prior		
	lox 1388 nt Laurel, NJ 08054		Part 2: Creditors with Nonp	riority Unsecured Claims	
wiou	iii Laurei, NJ 00034	Last 4 digits of account number			
	and Address	On which entry in Part 1 or Part 2 did you	_		
	ncial Recoveries Sox 1388		Part 1: Creditors with Prior	•	
	nt Laurel, NJ 08054		Part 2: Creditors with Nonp	priority Unsecured Claims	
···ou	The Education, No cooper	Last 4 digits of account number			
	and Address	On which entry in Part 1 or Part 2 did you	_		
	ncial Recoveries		Part 1: Creditors with Prior	•	
	lox 1388 nt Laurel, NJ 08054		Part 2: Creditors with Nonp	oriority Unsecured Claims	
- TOU	Eduloi, 110 00007	Last 4 digits of account number			
	and Address	On which entry in Part 1 or Part 2 did you	_		
Fina	ncial Recoveries	Line 4.9 of (Check one):	Part 1: Creditors with Prior	ity Unsecured Claims	

Schedule E/F: Creditors Who Have Unsecured Claims Official Form 106 E/F Software Copyright (c) 1996-2017 Best Case, LLC - www.bestcase.com

Page 6 of 7 Best Case Bankruptcy

Debtor 1 Robert Dale Hicks		Case number (if know) 1:17-bk-02055	
Po Box 1388 Mount Laurel, NJ 08054		■ Part 2: Creditors with Nonpriority Unsecured Claims	
mount Lauren, No occup	Last 4 digits of account number		
Name and Address Financial Recoveries Po Box 1388	On which entry in Part 1 or Part 2 of Line 4.10 of (Check one):	did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
Mount Laurel, NJ 08054	Last 4 digits of account number	Tan 27 Steamer Hall Floring Checkened Stainle	
Name and Address Financial Recoveries Po Box 1388 Mount Laurel, NJ 08054	On which entry in Part 1 or Part 2 of Line 4.11 of (Check one): Last 4 digits of account number	did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address Financial Recoveries Po Box 1388 Mount Laurel, NJ 08054	On which entry in Part 1 or Part 2 of Line 4.12 of (Check one): Last 4 digits of account number	did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address Financial Recoveries Po Box 1388 Mount Laurel, NJ 08054	On which entry in Part 1 or Part 2 of Line 4.13 of (Check one): Last 4 digits of account number	did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address York Adams Tax Bureau 240 W Street PO Box 4374 Gettysburg, PA 17325	On which entry in Part 1 or Part 2 of Line 2.1 of (Check one): Last 4 digits of account number	did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 731.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 731.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 24,817.40
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 24,817.40

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 7 of 7

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Best Case Bankruptcy

Fill in this infor	mation to identify your	case:		
Debtor 1	Robert Dale Hick	S		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	PENNSYLVANIA	
Case number	1:17-bk-02055			
(if known)				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have the r, Street, City, State and ZIP	e contract or lease Code	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3	Oity		Oldic	Zii Oodc	
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4	Ony		Oldio	211 0000	
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.5	/				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

Fill in this infor	rmation to identify your	case:			
Debtor 1	Robert Dale Hicks				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	MIDDLE DISTRICT OF	PENNSYLVANIA		
Case number	1:17-bk-02055				
(if known)					Check if this is an amended filing
Official Fo	orm 106H				
	H: Your Code	ebtors			12/15
your name and	case number (if known).	boxes on the left. Attach Answer every question. you are filing a joint case, o		. •	p of any Additional Pages, write
		lived in a community pro Nevada, New Mexico, Pue			ty states and territories include
■ No. Go to	o line 3.				
☐ Yes. Did	your spouse, former spou	se, or legal equivalent live	with you at the time?		
in line 2 ag	ain as a codebtor only if), Schedule E/F (Official	that person is a guarant	tor or cosigner. Make su	re you have listed t	ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil
	nn 1: Your codebtor Number, Street, City, State and ZII	P Code		Column 2: The cre Check all schedul	editor to whom you owe the debt es that apply:
36 E	ry A. Hicks Hanover Street ysburg, PA 17325			☐ Schedule D, I ■ Schedule E/F ☐ Schedule G _ York Adams Ta	, line <u>2.1</u>

Schedule H: Your Codebtors

Official Forn	n 106l	13 income as of the following date: MM / DD/ YYYY
(If known)		☐ An amended filing ☐ A supplement showing postpetition chapter
	:17-bk-02055	Check if this is:
United States Bankru	uptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA	
Debtor 2 (Spouse, if filing)		
Debtor 1	Robert Dale Hicks	

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	tt 1: Describe Employment				
1.	Fill in your employment information.		Debto	or 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional	Employment status		nployed t employed	■ Employed□ Not employed
	employers.	Occupation	Auto	Body Technician	Retail Sales
	Include part-time, seasonal, or self-employed work.	Employer's name	Dan's	s Auto Body	Target
	Occupation may include student or homemaker, if it applies.	Employer's address		Enterprise Court erick, MD 21703	31 Wilson Avenue Hanover, PA 17331
		How long employed th	ere?	Since 1/2017	6 yrs
	Ohra Datalla Alcast Mass	data ta a sus			

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 3,813.83 \$ 1,732.97

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 3,813.83 \$ 1,732.97

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Robert Dale Hicks	_		Cas	e number (if I	know	/n)	1:17-b)k-02	055	
					Fo	or Debtor 1				ebtor	2 or spouse	
	Cop	by line 4 here	4.		\$_	3,81	3.8	13	\$	1	,732.97	_
5.	List	all payroll deductions:										
	5a.	Tax, Medicare, and Social Security deductions	5a	a.	\$	90	1.6	57	\$		209.31	
	5b.	Mandatory contributions for retirement plans	5b	٥.	\$		0.0	0	\$		0.00	
	5c.	Voluntary contributions for retirement plans	50	Э.	\$		0.0	0	\$		66.90	_
	5d.	Required repayments of retirement fund loans	50	l.	\$		0.0	0	\$		0.00	
	5e.	Insurance	5€		\$		0.0	0	\$		506.83	_
	5f.	Domestic support obligations	5f		\$_		0.0		\$		0.00	_
	5g.	Union dues	50		\$_		0.0		\$		0.00	_
	5h.	Other deductions. Specify:	5r	۱.+	\$_		0.0	00	+ \$		0.00	_
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	90	1.6	<u>7</u>	\$		783.04	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	2,91	2.1	6	\$		949.93	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total										
		monthly net income.	88		\$_		0.0		\$		0.00	_
	8b.	Interest and dividends	8b	Ο.	\$_		0.0	10	\$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce and property and			\$		0.0		\$		0.00	
	04	settlement, and property settlement.	8c 8c		\$ \$		0.0		\$ —		0.00	_
	8d. 8e.	Unemployment compensation Social Security	86		φ ₋		0.0		\$ 		0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:			\$ \$		0.0		\$		0.00	_
	8g.	Pension or retirement income	— 8g		\$		0.0		\$		0.00	_
	8h.	Other monthly income. Specify: 2016 Tax Refund) 1.+	\$			33	+ \$		0.00	_
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$_	27	'1.8	33	\$		0.0	0
			ſ				7				1 [.	
10.		culate monthly income. Add line 7 + line 9.	10.	\$		3,183.99	+	\$_	94	19.93	= \$_	4,133.92
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	Į				_	<u></u>			. L	
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	r depe						•		e <i>J.</i> +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailies								12.	\$	4,133.92
	۲۲										Combi	ned
13.	Do :	you expect an increase or decrease within the year after you file this form No.	1?									ly income
		Voc Evoloin:										

Fill	in this information to identify your case:				
Deb	Robert Dale Hicks		Che	ck if this is: An amended filing	
	ouse, if filing)			A supplement show 13 expenses as of	ving postpetition chapter the following date:
Unit	ted States Bankruptcy Court for the: MIDDLE DISTRICT OF PEN	NSYLVANIA		MM / DD / YYYY	
1	nown) 1:17-bk-02055				
Oi	fficial Form 106J				
	chedule J: Your Expenses				12/15
info	as complete and accurate as possible. If two married peopormation. If more space is needed, attach another sheet to move (if known). Answer every question.				
Par 1.	Tt 1: Describe Your Household Is this a joint case?				
	■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household?				
	☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, Expe	nses for Separate House	e <i>hold</i> of Deb	otor 2.	
2.	Do you have dependents? ☐ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information each dependent			Dependent's age	Does dependent live with you?
	Do not state the	Nonhou		42 vmo	□ No
	dependents names.	Nephew		12 yrs	■ Yes □ No
		Son		14 yrs	Yes
					□ No □ Yes
					□ No
					☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				
Est exp	tt 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unlesses as of a date after the bankruptcy is filed. If this is a splicable date.				
the	elude expenses paid for with non-cash government assistar e value of such assistance and have included it on <i>Schedule</i> ficial Form 106I.)			Your exp	enses
4.	The rental or home ownership expenses for your residen payments and any rent for the ground or lot.	ce. Include first mortgage	e 4. :	\$	1,800.00
	If not included in line 4:				
	4a. Real estate taxes		4a. S	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4b.	·	0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$: 	0.00
F	4d. Homeowner's association or condominium dues	o home a with the en-	4d. 5	·	0.00
5.	Additional mortgage payments for your residence, such a	is nome equity loans	5.	Φ	0.00

Official Form 106J Schedule J: Your Expenses page 1

Debtor 1	Robert Dale Hicks	Case num	ber (if known)	1:17-bk-02055
6. Util	lities:			
6a.		6a.	\$	125.00
6b.	•	6b.	\$	35.00
6c.		6c.	\$	118.00
6d.		6d.	\$	0.00
	od and housekeeping supplies	7.	\$	350.00
			\$	
	ildcare and children's education costs	8.	·	0.00
	thing, laundry, and dry cleaning	9.	\$	20.00
	sonal care products and services	10.	\$	0.00
1. Me	dical and dental expenses	11.	\$	131.00
	nsportation. Include gas, maintenance, bus or train fare.	40	Φ.	47E 00
	not include car payments.	12.	· ·	175.00
Ent	tertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
4. Cha	aritable contributions and religious donations	14.	\$	0.00
5. Ins	urance.			
	not include insurance deducted from your pay or included in lines 4 or 20.			
15a	a. Life insurance	15a.	\$	0.00
15b	o. Health insurance	15b.	\$	0.00
15c	c. Vehicle insurance	15c.	\$	130.00
15d	d. Other insurance. Specify:	15d.	\$	0.00
	kes. Do not include taxes deducted from your pay or included in lines 4 or 20.		Ť ———	0.00
_	ecify:	16.	\$	0.00
	tallment or lease payments:	47-	•	
	a. Car payments for Vehicle 1	17a.	·	0.00
	o. Car payments for Vehicle 2	17b.	\$	0.00
	c. Other. Specify: Tool Payments	17c.	\$	100.00
17d	d. Other. Specify:	17d.	\$	0.00
	ur payments of alimony, maintenance, and support that you did not report a ducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).		\$	0.00
19 Oth	ner payments you make to support others who do not live with you.	•	\$	0.00
	ecify:	19.	Ť	0.00
	ner real property expenses not included in lines 4 or 5 of this form or on Sch		our Income	
	a. Mortgages on other property	20a.		0.00
	o. Real estate taxes	20b.		0.00
	c. Property, homeowner's, or renter's insurance	20c.	·	
			•	0.00
	d. Maintenance, repair, and upkeep expenses	20d.		0.00
	e. Homeowner's association or condominium dues	20e.	· ·	0.00
1. O th	ner: Specify:	21.	+\$	0.00
	culate your monthly expenses			
22a	a. Add lines 4 through 21.		\$	2,984.00
22b	o. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	c. Add line 22a and 22b. The result is your monthly expenses.		\$	2,984.00
				2,304.00
	culate your monthly net income.			
	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.		4,133.92
23b	o. Copy your monthly expenses from line 22c above.	23b.	-\$	2,984.00
230	c. Subtract your monthly expenses from your monthly income.			
_50	The result is your monthly net income.	23c.	\$	1,149.92
24 D o	you expect an increase or decrease in your expenses within the year after y	ou file this	form?	
	example, do you expect to finish paying for your car loan within the year or do you expect you			ase or decrease because of a
mod	dification to the terms of your mortgage?		•	
	No.			
	Yes. Explain here:			
	100. Explain note.			

				-
Fill in this info	ormation to identify your	case:		
Debtor 1	Robert Dale Hick	s		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	MIDDLE DISTRICT OF	PENNSYLVANIA	
Case number	1:17-bk-02055			
(if known)				☐ Check if this is an
				amended filing
Official Fo	rm 106Dec			
Declara	tion About a	ın Individual	Debtor's Schedules	12/15
If two married	people are filing togethe	r, both are equally respo	onsible for supplying correct information.	
obtaining mon		n connection with a ban	s or amended schedules. Making a false sta kruptcy case can result in fines up to \$250,0	

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

X /s/ Robert Dale Hicks
Robert Dale Hicks
Signature of Debtor 1

Date July 17, 2017

X

Signature of Debtor 2

Date

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Sign Below

Yes. Name of person

No

Best Case Bankruptcy

Attach Bankruptcy Petition Preparer's Notice,

Declaration, and Signature (Official Form 119)

	in this inform	nation to identify you	r casa:			
Deb	tor 1	Robert Dale Hick First Name	Middle Name	Last Name		
	tor 2					
(Spot	use if, filing)	First Name	Middle Name	Last Name		
Unit	ed States Bar	nkruptcy Court for the:	MIDDLE DISTRICT OF P	ENNSYLVANIA		
Cas (if kno		:17-bk-02055				theck if this is an mended filing
Off	icial Fo	rm 107				mended ming
Sta	tement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/16
infor	mation. If me ber (if known	ore space is needed, a). Answer every que	attach a separate sheet to	this form. On the top of any	equally responsible for sup additional pages, write you	
		current marital statu		Elved Belore		
	■ Married□ Not married	ried				
2.	During the la	st 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. List	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now		
	Debtor 1 Pri	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
	■ No					
	☐ Yes. Ma	ke sure you fill out Sch	nedule H: Your Codebtors (O	fficial Form 106H).		
Part	2 Explain	n the Sources of You	r Income			
	Fill in the tota	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receiv	all businesses, including part-		ndar years?
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$16,962.56	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Creditor's Name and Address

No.

☐ Yes

Go to line 7.

attorney for this bankruptcy case.

Dates of payment

Total amount paid

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

Amount you still owe

Was this payment for ...

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 11 alimony.	rtners; relatives of any gene control, or owner of 20% or	eral partners; partner more of their voting	rships of which yo g securities; and ar	u are a genera ny managing a	al partner; corporation gent, including one fo
	No☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosi		nents or transfer a	ny property on a	ecount of a de	ebt that benefited an
	■ No □ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
Pai	rt 4: Identify Legal Actions, Repossession	s, and Foreclosures	palu	Still OWE	include cred	itor s riame
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title	Nature of the case	Court or agency		Status of th	e case
	Case number M & T Bank vs. Robert Dale Hicks 16-SU-1318	Mortgage Foreclosure	Adams County Common Pleas 111-117 Baltim Gettysburg, PA	ore Street	☐ Pending ☐ On appeal ☐ Concluded	
						le Stayed by the ankruptcy
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below ■ No. Go to line 11. □ Yes. Fill in the information below.		rty repossessed, fo	oreclosed, garnis	hed, attached	d, seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the
		Explain what happened				property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ■ No □ Yes. Fill in the details.		uding a bank or fin	ancial institution	, set off any a	imounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date taken	action was	Amount
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or ar ■ No □ Yes		rty in the possessi	on of an assigne	e for the bene	efit of creditors, a

Case number (if known) 1:17-bk-02055

Official Form 107

Debtor 1 Robert Dale Hicks

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Del	otor 1	Robert Dale Hicks		Case number	er (if known)	1:17-bk-02	055
Par	t 5:	List Certain Gifts and Contributions	s				
13.	I	n 2 years before you filed for bankru No Yes. Fill in the details for each gift.	uptcy, c	lid you give any gifts with a total value of more	than \$60	0 per person?	?
		with a total value of more than \$60 person	0	Describe the gifts	Dates the gi	s you gave ifts	Value
	Pers Addr	on to Whom You Gave the Gift and ress:					
14.	I	n 2 years before you filed for bankru No Yes. Fill in the details for each gift or or		lid you give any gifts or contributions with a to	otal value	of more than	\$600 to any charity?
		or contributions to charities that		Describe what you contributed	Dates	s you	Value
	Char	e than \$600 rity's Name ress (Number, Street, City, State and ZIP Code	e)	·		ibuted	
Par	t 6:	List Certain Losses					
15.	or ga	n 1 year before you filed for bankrup mbling? No	ptcy or	since you filed for bankruptcy, did you lose ar	nything be	cause of thef	t, fire, other disaster,
		Yes. Fill in the details.					
		cribe the property you lost and the loss occurred	Include	be any insurance coverage for the loss the amount that insurance has paid. List pending the claims on line 33 of Schedule A/B: Property.	loco	of your	Value of property lost
Par	t 7:	List Certain Payments or Transfers	.				
16.	consu	ulted about seeking bankruptcy or p	reparir	d you or anyone else acting on your behalf paying a bankruptcy petition? s, or credit counseling agencies for services requi			rty to anyone you
	□ N	No					
		Yes. Fill in the details.					
	Addr Ema	on Who Was Paid ress il or website address on Who Made the Payment, if Not Y	ou	Description and value of any property transferred		payment nsfer was	Amount of payment
	4615 Harr	lum Law Offices PC 5 Derry Street risburg, PA 17111 v.imblum@imblumlaw.com		\$310.00 for Court Filing Fee; \$70.00 for Counseling and Creditor Import; \$1521.00 toward Attorney Fees	5/17/	2017	\$1,901.00
17.	prom i		litors o	d you or anyone else acting on your behalf pa r to make payments to your creditors? ed on line 16.	y or transf	er any prope	rty to anyone who
	_	Yes. Fill in the details.					
	Pers Addr	on Who Was Paid ress		Description and value of any property transferred		payment nsfer was	Amount of payment

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	Within 2 years before you filed for bankruptoutransferred in the ordinary course of your build like the product of the product	usiness or financial af ade as security (such as	fairs? the granting of a s			
	No					
	Yes. Fill in the details.					
	Person Who Received Transfer Address	Description and property transfe		payme	ibe any property or ents received or debts n exchange	Date transfer was made
	Person's relationship to you			-		
	Non Relative/Non Friend	2003 Mitsubish Sport; was not		Sold	for \$500.00	Approximately 11/2016
	None					
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details.		ny property to a s	self-settle	d trust or similar device	of which you are a
	Name of trust	Description and	value of the prope	orty trans	forred	Date Transfer was
	Name of trust	Description and	value of the prop	erty trains	olelled	made
Par	t 8: List of Certain Financial Accounts, Ins	struments Safe Denos	it Boxes, and Sto	rage Unit	•	
ı aı	Elot of Cortain I manoial Accounts, inc	mumento, oure Depos	nt Boxes, and Oto	rage onit	<u> </u>	
 Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, broke houses, pension funds, cooperatives, associations, and other financial institutions. 				, ,		
☐ Yes. Fill in the details.						
					D-1	Last balance
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accour instrument	nt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
	Do you now have, or did you have within 1 y cash, or other valuables?	ear before you filed fo	or bankruptcy, any	y safe dep	posit box or other depos	itory for securities,
	■ No					
	Yes. Fill in the details.					
		VAII I I I	1- 110	D ''I	thtt-	D (111
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have you stored property in a storage unit of	or place other than you	ır home within 1 y	ear befor	e you filed for bankrupte	cy?
	■ No					
	☐ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?
Par	19: Identify Property You Hold or Control	•				
	Do you hold or control any property that sor for someone.		lude any property	you borr	rowed from, are storing t	or, or hold in trust
	■ No					
	Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe	the property	Value
Offici	al Form 107 Stateme	ent of Financial Affairs fo	r Individuals Filing f	or Bankru	ptcy	page 5

Case number (if known) 1:17-bk-02055

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Debtor 1 Robert Dale Hicks

Best Case Bankruptcy

Del	Debtor 1 Robert Dale Hicks			Ca	ase number (if known)	1:17-bk-0205	55	
Par	rt 10:	Give Details About Environmental In	forma	ation				
For	the p	ourpose of Part 10, the following definit	ions	apply:				
	toxi	vironmental law means any federal, stat ic substances, wastes, or material into ulations controlling the cleanup of thes	the ai	r, land, soil, surface water, groun				
	Site	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used o own, operate, or utilize it, including disposal sites.						
		Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.						
Rep	ort a	III notices, releases, and proceedings the	nat yo	ou know about, regardless of whe	n the	ey occurred.		
24.	Has	any governmental unit notified you that	at you	ı may be liable or potentially liable	e un	der or in violation of	an environme	ntal law?
		No Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law, know it	if you	Date of notice
25.	Hav	re you notified any governmental unit o	f any	release of hazardous material?				
[No						
		Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law, know it	if you	Date of notice
26.	Hav	re you been a party in any judicial or ad	minis	strative proceeding under any env	iron	mental law? Include	settlements a	nd orders.
		No Yes. Fill in the details.						
		se Title se Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ature of the case		Status of the case
Par	rt 11:	Give Details About Your Business or	Coni	nections to Any Business				
27.	Wit	hin 4 years before you filed for bankrup	tcy, c	lid you own a business or have a	ny o	f the following conne	ections to any	business?
		☐ A sole proprietor or self-employed	in a t	rade, profession, or other activity	, eith	her full-time or part-ti	me	
		☐ A member of a limited liability com	pany	(LLC) or limited liability partnersh	nip (l	LLP)		
		☐ A partner in a partnership						
		☐ An officer, director, or managing e	kecut	ive of a corporation				
		☐ An owner of at least 5% of the votil	ng or	equity securities of a corporation				
		No. None of the above applies. Go to	Part '	12.				
		Yes. Check all that apply above and fi			s.			
		siness Name dress	Des	scribe the nature of the business		Employer Identific Do not include So		umber or ITIN.

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Name of accountant or bookkeeper

page 6

(Number, Street, City, State and ZIP Code)

Dates business existed

Debtor 1 Robert Dale Hicks	Case number (if known) 1:17-bk-02055
28. Within 2 years before you filed for bankr institutions, creditors, or other parties.No	uptcy, did you give a financial statement to anyone about your business? Include all financial
Yes. Fill in the details below.	
Name Address (Number, Street, City, State and ZIP Code)	Date Issued
Part 12: Sign Below	
with a bankruptcy case can result in fines up 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Robert Dale Hicks	to \$250,000, or imprisonment for up to 20 years, or both.
Robert Dale Hicks Signature of Debtor 1	Signature of Debtor 2
Date _July 17, 2017	Date
Did you attach additional pages to Your State ■ No □ Yes	ment of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
Did you pay or agree to pay someone who is ■ No	not an attorney to help you fill out bankruptcy forms?
☐ Yes. Name of Person . Attach the Ban	kruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

С	hapter 7:	Liquidation
	\$245	filing fee
	\$75	administrative fee
<u>+</u>	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)